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Protected Learning Time



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Introduction

The Royal Pharmaceutical Society believes that all pharmacists should be able to undertake educational and research activities during protected time within their working hours.

This time will enable all pharmacists to engage in professional development aligned to RPS post registration curricula for all pharmacists, leading to greater assurance of post-registration professional capability for patient safety and improved patient care. Enabling pharmacists to engage in developmental activities during their working day also has a positive impact on their mental health and wellbeing. In addition, it is likely to make the day job of being a pharmacist more attractive as a career, helping to attract and retain high quality professionals within the profession.

Being able to develop in all areas of professional development will ensure a collaborative workforce as outlined in the [Collaborative Care Model](#)¹

Protected learning time should be seen as:

- Time to develop yourself
- Time to develop others
- Time to develop services / undertake research

¹<https://philarchive.org/archive/MAGTCC-4>

Recommendations

- Employers to include protected time for educational and research activities within job plans and ensure employees can actually work to these job plans in day-to-day practice.
- National governments and commissioners to recruit and train more pharmacists and build capacity through utilising pharmacy technician skills and using the wider pharmacy team to create capacity. Funding needs to consider the cost of time liberated to undertake PLT as well as the funding needed to provide active support in terms of high-quality training and education resources as well as attendance at conferences.
- GPhC should make clear their reasonable expectation of employers to support Protected Learning Time so pharmacists can undertake learning and development activities that supports their advancement against recognised career frameworks.

Wider enablers

A wider workforce plan for the pharmacy profession needs to be developed in each of the three nations. The workforce plan(s) needs to contain several elements which will enable pharmacists, in all sectors, to develop professionally.

- The wider system needs to be encouraged and empowered to implement the time and space for pharmacists to develop, both clinically and non-clinically.
- All practising pharmacists must be enabled to work towards the RPS curriculum relevant to them at the time. They must be supported to maintain or advance their professional development and have the time to do this.
- Statutory Education Bodies (SEBs) need to continue to fund and support pharmacists to access high quality post-registration development opportunities which are aligned to the RPS post registration curricula, including the leadership and management, education, and research domains. There needs to be good quality educational and developmental training available for pharmacists to access throughout their career. It is the duty of SEBs to ensure that the training available locally, regionally or nationally provides the right level of education and training to enable assessment and successful credentialing against the RPS curricula.
- SEBs need to fund support for pharmacists to prepare for RPS credentialing assessments as an assurance of their capability across the four pillars of practice, or other assessments required for their role. It would be useful to undertake national baseline learning need assessments against the RPS post-registration curricula. These would provide robust data into existing deficits across the pharmacist workforce to ensuring funding is targeted at educational interventions that will have maximum impact.
- RPS needs to develop professional guidance on post-registration educational and practice supervision and work in collaboration with key educational partners, including SEBs and Higher Education Institutions, to support the profession to build post-registration supervision capacity and capability which will enable active engagement in protected learning time.

EXAMPLE 1

NHS England have published "[Job planning for pharmacists and pharmacy technicians: A good practice guide](https://www.england.nhs.uk/long-read/e-job-planning-for-pharmacists-and-pharmacy-technicians-a-good-practice-guide/)"²

This guide provides detail on job planning specifically for pharmacy professionals and includes a section on Supporting Professional Activities. The job planning is helpfully aligned to the five RPS curriculum domains and outcomes so pharmacists can see how their daily activities can contribute to their credentialing evidence.

Job planning is integral to service recovery and staff wellbeing by enabling flexibility and better matching of capacity and demand.

EXAMPLE 2

NHS Greater Glasgow and Clyde have published a document 'Defining Pharmacy Team Roles and Responsibilities: General Practice Aligned Services' that introduces job planning and includes expectations around protected learning time in section 2. Over the next 12 months, the focus within teams will be to ensure everyone has time built into their role for development of self, service and others.

Within Section 2 it states that:

- Following a review of other health care professionals protected time, and consideration of implementation, HSCP leads have agreed all staff should have around 10% of time to support professional activities development of self, service or others.
- Senior pharmacists and senior pharmacy technicians will have a higher proportion of time protected to recognise staff and service management obligations. This will be proportionate to the scale of the service and staffing managed with an estimated additional 10%/0.1wte added for every 5-10 staff/ cluster (e.g., 20% total for senior pharmacist 1x cluster lead; 40% for senior pharmacy technician overseeing 3 x cluster hub).
- Job planning, personal development, and professional supervision can be used to agree best utilisation of the protected time, and ongoing progress. In exceptional circumstances adjustments to SPA can be made on a fixed term basis e.g. to support formal study or lead service development.
- Pre-registration training posts for pharmacists and pharmacy technicians should be classed as supernumerary with splits aligned to GPhC training requirements.

² <https://www.england.nhs.uk/long-read/e-job-planning-for-pharmacists-and-pharmacy-technicians-a-good-practice-guide/>

Why is Protected Learning Time needed?

Protected learning time (PLT) is needed to give professionals time to develop clinical and non-clinical capabilities across the pharmacy workforce, particularly around education and research as well as leadership.

Many pharmacists are currently unable to engage in professional development activities as part of their working time. One of the key reasons for this is the need to ensure the delivery of frontline clinical services to patients.

Pharmacists historically have focussed their professional development on developing clinical capabilities and have not dedicated time to developing their leadership / management, education and research capabilities. These have historically been siloed into specialist roles e.g., area manager, E&T pharmacists, academic researcher.

We need to change this mindset and culture. As well as being clinicians, pharmacists are also educators, researchers and leaders. They need protected time to develop these skills and support others in practice. Time needs to be liberated outside of patient facing activities so pharmacists can develop alongside other healthcare professionals.

The current lack of research engagement by front line pharmacy team members is demonstrated by applications for NIHR fellowships: only 137 pharmacists and pharmacy technicians applied for NIHR fellowships over 7 years (between 2014 and 2021). 8 of these applicants had previously held a fellowship and 15 currently hold a fellowship / had been recently awarded one.

Increasing access and capacity to supervision for Initial Education & Training reforms

Having PLT for pharmacists will increase capacity within the system for practice and educational supervision.

By 2025/2026, pharmacists will be prescribers at the point of registration. To achieve this, a rapid increase in experiential learning opportunities for undergraduate pharmacy students and Foundation pharmacists is needed. This will require a significant increase in workplace supervision capacity, especially from designated prescribing/ medical practitioners (DPPs). There is currently insufficient capacity within the system to support this increase. Without PLT being part of everyday practice, allowing pharmacists to develop their supervision capabilities through engagement with the RPS curricula education domains, and RPS DPP competency framework, the Initial Education and Training Reforms for pharmacy are likely to fail.

Increasing access and capacity to supervision for post-registration education reforms

Patients and the health service need more pharmacists practising at advanced and consultant levels of practice. To achieve this, pharmacists need to engage with RPS post-registration curricula and be assured through RPS credentialing.

Pharmacists need time to engage with their own professional development but also to support the development of others. Pharmacists need to be observed in practice by others, have time to be provided with high quality feedback to drive their post-registration practice forwards and time to reflect and record their learning in their e-portfolio.

Without this time to build their evidence and be observed and observe others in practice, it will not be possible for pharmacists to prepare for credentialing assessments and be assured to deliver advancing levels of care to patients.

Pharmacists are at risk of burn out if we try to achieve all this outside of working hours

We know that many pharmacists are undertaking learning and credentialing outside of their working hours which is impacting negatively on their mental health and wellbeing. Our [2022 Workforce Wellbeing survey](#)³ showed that 88% of respondents were at a high level of burnout. One of the top issues identified as having a negative impact on respondents mental health and wellbeing was a lack of protected learning time (48% of respondents),

In addition, 41% of respondents stated that they were not given any protected learning time to address their professional development and learning needs. This was particularly prominent in community pharmacy where 55% stated they were not given any PLT and only 5% of community pharmacist respondents said they were given sufficient PLT.

The top reasons as to why protected learning time was not offered included the expectation to do learning in their own time or to fit learning around workload.

EXAMPLE 3

In the 10 Primary Care Networks (PCNs) as part of Our Health Partnership across Birmingham and Shropshire they have developed guidance for clinical supervision and training for PCN staff reimbursed through the NHSE Additional Roles Reimbursement Scheme (ARRs). They are introducing the equivalent of one session a week per WTE i.e., 4 hours per 37.5 hrs worked once CPPEP or IP is completed and pro-rata if working less than 1 WTE for PLT. The session can be used for:

- Peer network attendance
- Training
- Self-directed study
- Research
- Clinical supervision

EXAMPLE 4

South and East Leeds GP Group covers 7 PCNs and have employed an Education and Training Pharmacist. Their role is to support the PCN pharmacy teams with any training needs / mentoring / coaching etc. The 7 PCNs are encouraged to give the pharmacy teams Wednesday afternoons off every week for PLT. Some of this time is used for facilitated training but there is also time to have monthly meetings with their peers for peer support meetings. Some PCNs have actually decided to give their pharmacy team the whole of Wednesday off to undertake protected learning.

In addition, ad hoc training meetings are organised depending on the learning needs of the team and this training is also undertaken during working hours. Across Leeds there is a primary care training afternoon once a month for all practices and pharmacists and pharmacy technicians are also expected to take this as PLT. The PCN teams can choose whether to attend the training session provided or have a session within their own team based on group learning needs or take it as personal PLT.

³ <https://www.rpharms.com/recognition/all-our-campaigns/workforce-wellbeing>

Benefits of having protected learning time

- Ensuring pharmacists have the time to develop will mean that they can provide the best patient care and positive outcomes for patients and the public. Patient safety will be improved / maintained as pharmacists undertake more advanced, clinical roles that involve greater risks to patients
- There will be capacity in the system to provide practice and educational supervision as designated prescribing practitioner (DPPs) to support the newly qualified pharmacist prescribers
- Pharmacists will have the time to update their knowledge around and new medicinal advancements, such as pharmacogenomics and share this knowledge with other members of the multidisciplinary team
- Pharmacists will have time to advance their practice and be assured through RPS credentialing
- Pharmacists will have time to develop as educators, enabling them to support the pharmacy and wider multiprofessional team to develop their capabilities
- There will be capacity within the system for pharmacists to undertake research which will drive forward pharmacy practice and improve patient care
- Pharmacy will be seen as a profession that enables advancement and development which will improve recruitment and retention within the workforce
- Pharmacists will be able to improve their mental health and wellbeing, and it is likely to lead to better job satisfaction.

Next steps

We are aware that there is a significant workforce issue, but we believe that PLT is essential for retention and recruitment to the profession. We want to work with key stakeholders to explore how PLT can become normal for all pharmacists.

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